CMWR

Guidance for providing mental healthcare to women veterans:

Utilising trauma-informed principles of care

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Introduction

This resource has been developed as part of a National Institute for Health and Care Research (NIHR) co-design project[1] to support mental healthcare professionals in providing trauma-informed care to women veterans. You can read the summary report of the full project findings here.

What is this resource for?

This resource is to support good practice in meeting the mental healthcare needs of women veterans in the UK, contextualised within the principles of Trauma Informed Practice. We have also developed an infographic that summarises the main points in this document, which you can find here.

What is this resource not for?

This resource is not intended to provide formal clinical direction for providing services or care to women veterans. It should be used only as an addition to formal clinical training and/or supervision, to enhance knowledge and understanding of women veterans' care needs, and to support clinical formulation[2].

1. This project is funded by the National Institute for Health and Care Research (NIHR) under its Research for Patient Benefit (RfPB) Programme (Grant Reference Number NIHR202226). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

2. Defined as, 'A detailed statement of the diagnosis in multidimensional terms. It will contain a classification of the disorder and a specification of the factors, physical, constitutional and psychogenic, which have contributed to its appearance. It will also contain a short plan for further investigation and treatment'. Baird et al, (2017) Clinical formulation: where it came from, what it is and why it matters, *BJPsych Advances, 23,* pp. 95-103.

Introduction

What is trauma-informed practice?

The development of trauma-informed mental healthcare has its origins in the United States, with the seminal work of Harris & Fallot[3] and Bloom[4]. Trauma-informed practice is defined by the UK government as:

"An approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development."[5]

Central to this approach is increasing practitioners' awareness of the complex and pervasive impact that trauma has on an individual's life[6] preventing re-traumatisation[7]. Trauma-informed practice is associated with greater treatment retention, shorter inpatient stays, and improved mental and physical health symptoms[6].

Trauma-informed principles of care

The 6 key principles of trauma-informed practice outlined by the UK government[7] are as follows:

Safety

Trustworthiness

Choice

Collaboration

Empowerment

Cultural consideration

In this resource, we operationalise these 6 principles, in line with our research findings from a sample of women veterans. Each section outlines the key principles as defined by the UK government, our relevant research findings, and considerations for applying this to women veterans' mental healthcare.

3. Harris, M. and Fallot, R. (2001), Using Trauma Theory to Design Service Systems. New Directions for Mental Health Services, Jossey-Bass, San Francisco, CA.
4. Bloom, S.L. (2013), Creating Sanctuary: Toward the Evolution of Sane Societies, rev. ed., Routledge, New York, NY.
5. Office for Health Improvement & Disparities. (2022). Working definition of trauma informed practice. Available at: Working definition of trauma-informed practice - GOV.UK (www.gov.uk)
6. Sweeney, A., Clement, S., Filson, B., & Kennedy, A. (2016). Trauma-informed mental healthcare in the UK: what is it and how can we further its development? *Mental Health Review Journal, 21(3),* pp. 174-192.
7. Office for Health Improvement & Disparities. (2022). Working definition of trauma informed practice. Available at: Working definition of trauma-informed practice - GOV.UK (www.gov.uk)

I. Safety

This principle involves prioritising the physical, psychological, and emotional safety of service users and staff. Ensuring that care settings are welcoming and comfortable, and that all staff and service user interactions are free from threat and harm. Crucially, this principle emphasises the importance of avoiding re-traumatisation of service users.

Avoiding re-traumatisation

Women veterans emphasised the importance of continuity of care to avoid the re-traumatisation associated with re-telling their story. Whilst it may not always be possible for service users to see the same professional over time, especially when referred to and from other services, they highlighted that this could be as simple as mental healthcare professionals reading their notes.

> ***"When I left [name of posting], I said 'I'm not telling this to someone again. You've written all this down, so can you not just send them your notes? Because I'm not going through all this again'… I don't like telling my life story to anyone."***
>
> Army Veteran, 45 years old, served 1994-2021

Professionals must balance this with the potential for disputed, factually incorrect, or poor-quality notes. Therefore, professionals may wish to open dialogue with the service user around previous notes to establish how best to use them in the current therapeutic relationship. Best practise guidance for trauma-informed practice highlights the benefits of establishing a process for agreeing upon notes going forward[8].

Providing a safe space to talk about trauma

Women veterans highlighted the attitudes they experienced from some military colleagues and superiors that emotional and mental health difficulties were associated with 'female weakness". For several women, this impacted their willingness to share their stories, for fear of being judged in line with this perception.

> ***""It's almost perceived, 'Well you're a woman aren't you? So you're weaker anyway. You're mentally, you're weaker emotionally'.***
>
> Royal Air Force Veteran, 56 years old, served 1983-2007.

8 Homes & Grandison (2021). Trauma Informed Practice: A Toolkit for Scotland. Available at: [Trauma-Informed Practice: A Toolkit for Scotland (www.gov.scot)](https://www.gov.scot)

I. Safety

Women veterans disclosed instances of gender-based discrimination, domestic abuse and intimate partner violence, sexual and other harassment, sexual assault, and rape. They emphasised the importance of providing a safe space in which to share traumatic experiences and using appropriate prompts to enable women veterans to share their experiences.

The Trauma-Informed practice toolkit published by NHS Scotland provides several resources to support professionals in asking about trauma.

Considering the impact of previous negative experiences of support professionals

Women veterans often reported poor experiences of mental healthcare support during military service, including feeling judged and dismissed as an 'emotional female', feeling shamed, and not feeling listened to when disclosing mental health symptoms. This included dismissive or discriminatory attitudes towards women's reproductive health despite it being a potentially compounding factor in their mental health (i.e., menstruation, pregnancy, menopause). These experiences often had a significant impact on the women's trust in professionals and engagement with services, with many feeling they weren't deserving of support.

> ***"I was told if I couldn't handle something like this, I shouldn't be in the Army".***
> Army Veteran, 45 years old, served 1996-2009.

Women veterans emphasised the importance of professionals viewing them as credible sources and starting from a place of trust and belief when listening to their stories. As well as the importance of taking time to build trust and rapport in the therapeutic relationship, listening carefully, and validating women's experiences and preferences. This should include consideration of additional life stressors and factors that may impact on both mental health and the ability to seek support (i.e., financial and life stressors, women's reproductive health).

Key Takeaways

- Avoid re-traumatisation associated with retelling traumatic experiences by agreeing appropriate use of previous notes with service user.
- Carefully consider service user comfort in sharing trauma, and how to conduct these conversations.
- Consider the impact of previous negative experiences with professionals during service on engagement with support and take time to build the therapeutic relationship.

2. Trustworthiness

This principle involves ensuring that transparency exists around the policies, practices, and decision making within a support service to build trust between service users and their families, and staff within the organisation. Military experiences can impact on women's ability to trust support services and professionals.

Understanding of women veterans needs

Women veterans shared poor experiences of support during military service. This included experiences of gendered and dismissive stereotyping around female-specific issues they felt were poorly understood (i.e., the impact of menstruation, pregnancy, motherhood, and menopause on emotional regulation).

> "***I remember just getting really upset. And then someone popped their head round the door, and 'Oh time of the month'… 'Oh, blob week"***
>
> Army Veteran, 42 years old, served 1999-2022.

We provide resources in **Appendix 2** to support improved understanding of the unique issues faced by women veterans and how this impacts help-seeking.

The impact of poor experiences of support in service on help-seeking and the importance of earning trust and building rapport in the therapeutic relationship is discussed further in the Safety section.

Managing expectations

Women veterans reported difficulties in accessing mental healthcare that met their expectations for support and stressed the importance of honest and straight-talking mental healthcare professionals. It is important for professionals to clearly outline what services they can and cannot provide, and to follow through with the strategies they have suggested.

> ***"Maybe I've lowered my expectations… I was just so, so pleased to get treatment that… I lowered my expectations of trying to get someone who completely understands"***
>
> Army Veteran, 47 years old, served 1998-2019.

2. Trustworthiness

Women veterans highlighted instances in which confidentiality was broken in relation to their mental health during their military service (e.g., their chain of command was informed of the support they were receiving, or their mental health history was disclosed in formal meetings/ settings). Women also reported instances in which seeking support for their mental health had resulted in medical downgrading[9]. This increased concerns about the impact of accessing support on employment and broader civilian life. Professionals should be aware of the potential impact of these experiences on trust and ensure that they outline the boundaries of confidentiality within the therapeutic relationship.

"The Medical Centre had broken confidentiality and revealed it to the Chain of Command and all sorts of things. So I'd say that I received negative mental health help whilst I was in the military".

Army Veteran, 45 years old, served 1996-2009.

Some women veterans highlighted that to trust the mental healthcare professionals they engaged with; it was important that they were independent of the military institution. Others expressed a preference for professionals with a military background and valued the sense of shared experience. As such, professionals should be clear and honest about their military background and connections and consider the impact of this on the therapeutic relationship.

""It can be a bit of a barrier sometimes if they are military… I didn't have trust with the military at all".

Army Veteran, 35 years old, served 2004-2022.

The importance of service user choice regarding professional background is discussed further in the Choice section below.

Key Takeaways

- Consider negative experiences and gender stereotyping experienced whilst accessing support during military service, and the impact this has on building trust.
- Manage expectations of what the support service can provide, including the boundaries of confidentiality, and follow through on commitments to service users.
- Ensure clarity around the military background of professionals and consider the impact this may have on the therapeutic relationship.

9 Medical downgrading can occur when service personnel have medical conditions or fitness issues that impact on their ability to perform their role. Upon assessment by a Medical Board, personnel can be downgraded to 'Medically Limited Deployable' or 'Medically Not Deployable', placing temporary or permanent limitations on being deployed on military operations.

3. Choice

This principle involves ensuring that service users are supported to make shared decisions, choices, and goals regarding the care they receive, with staff and organisations. Service users should feel listened to and have a meaningful role in the decision-making process, which in turn helps to address power imbalances between service users, staff, and the organisation. Women veterans who reported several ways in which power imbalances during military service had impacted on their help-seeking and expressed a preference for choice in various aspects of their care.

Accessibility and flexibility

Previous guidance highlights the need for 'maximum flexibility' in mental health services, to accommodate issues related to appointment scheduling and non-attendance[10]. Women veterans highlighted the difficulties they experienced in relation to the gendered care responsibilities and their tendency to often put their own needs last. They emphasised the need for professionals to consider these potential barriers to care, including access to residential or inpatient treatment. Additionally, financial stressors were highlighted which may impact on women veterans' ability to attend treatment and obtain medication.

Some women veterans are partners of current service personnel, which can create challenges accessing or continuing support due to frequent moves. Professionals should proactively discuss whether these barriers or any others exist for the service user and working collaboratively to overcome them.

> ***"Even when I was serving the people who missed the most medical appointments were women, because you put your own health at the bottom of the list... it falls lower down the priority list than hanging the new curtain, going to work, looking after the kids, taking the dogs for a walk".***
> Army Veteran, 41 years old, served 2004-2014

Preferences for professional

Women veterans discussed the importance of providing service users with a choice of professional, based on their military background, understanding, and gender. As discussed in the Trustworthiness section above, preferences varied regarding professional's military back-ground. However, most women veterans felt it was important for professionals to have a good understanding of the military culture.

> ***"For me, the kind of happy medium are civilians that have got open minds and knowledge about the military, but also military that have got open minds and knowledge of the civilian world"***
> Army Veteran, 45 years old, served 1996-2018

10 Homes & Grandison (2021). Trauma Informed Practice: A Toolkit for Scotland. Available at: Trauma-Informed Practice: A Toolkit for Scotland (www.gov.scot)

3. Choice

Whilst not all women veterans expressed a preference for a female professional, asking service users if they had a preference, and working to accommodate this was very important. Some women veterans, particularly those who had experienced gender-based traumatic experiences during military service, reported that they would only feel comfortable with a female professional.

> ***"That's another thing I had to fight with... I said 'I'm only gonna come if you can get me a female counsellor"***
>
> Army Veteran, 45 years old, served 1994-2021

Preferences for treatment/care plan

Women veterans emphasised the need for choice in the type of care or care pathway offered to them. This included the option to access female-specific support services where possible, and/or to join female-specific therapy or peer support groups. Female-specific spaces were associated with safety and having the confidence to engage with support.

> ***"I think from where I am right now, in terms of my confidence and stuff, I will probably lean towards women-only groups."***
>
> Royal Air Force Veteran, 51 years old, served 1989-1996

The British Medical Association report on 'Addressing unmet needs in women's mental health' discusses the development of gender-informed mental health services.

Women expressed frustration in the lack of flexibility in the type of treatment offered to them (i.e., Cognitive Behavioural Therapy, Eye Movement Desensitisation and Reprocessing) and concerns around reliance on prescribed medication.

> ***"The problem wasn't being dealt with. I was triggering every day... They kept, like, not listening to me... and just saying about CBT... it's not that I don't think CBT would work... but it was just completely the wrong time."***
>
> Army Veteran, 35 years old, served 2004-2022.

Existing toolkits for trauma-informed practice[12] emphasise the need to actively encourage service users to make informed choices about the options available to them, to best meet their needs.

3. Choice

Key Takeaways

- Consider barriers to accessing services and promote accessibility and flexibility where possible to encourage engagement with support.
- Support service users to make active and informed choices about their care and care pathway, including (but not limited to):
  - Professional military background and gender.
  - Access to female-specific support if available.
  - Type of treatment (i.e., group vs individual, specific treatment model).

12 Homes & Grandison (2021). Trauma Informed Practice: A Toolkit for Scotland. Available at: Trauma-Informed Practice: A Toolkit for Scotland (www.gov.scot)

4. Collaboration

The principle of collaboration highlights the importance of care providers and service users working together to ensure positive experiences. This principle encompasses working in consultation with service users to improve services offered as well as being mindful of the relationships and power dynamics between service providers and service users.

The value of peer support

The value of peer support was very evident throughout our findings and is supported by several case studies of successful trauma-informed care[13]. These case studies note the importance of peer support in fostering positive relationships with care providers and peers.

"***So connecting with other people and I suppose it is that like-minded thing, isn't it? Sometimes that you know we have had we might not have done exactly the same job but we have all served. Even though we might have our difficulties, we've also got a lot of strengths as well and it's helping us find those strengths and skills and to be able to kind of like bring them to the fore"***

Royal Air Force Veteran, Age 51, served 1989-1996

Consultation with service users

Several women veterans in the study highlighted the importance of consultation. Consultation with service users is a common way that a service can embed collaboration within service provision. The resources to support consultation can be found in Appendix 2.

"Like anything else, before you can build a service, you need to know what the needs are 'cause it's pointless putting something out there that isn't needed... I think it's: find out what women need."

Army Veteran, Age 35 , served 2004-2022

13 Homes & Grandison (2021). Trauma Informed Practice: A Toolkit for Scotland. Available at: Trauma-Informed Practice: A Toolkit for Scotland (www.gov.scot)

4. Collaboration

Working collaboratively to overcome barriers.

It is important to be aware of, and work to overcome, potential barriers, including:

- Gendered caring responsibilities and competing demands on service users' times.
- Financial barriers, in some cases relating to differing historic pension terms for women of different service eras, and challenges navigating the Armed Forces compensation scheme.
- Low or partial transfer of military medical records.

Additionally, professionals should consult service users on the accuracy of previous notes.

Read more about the experiences of accessing support as a military spouse partner here [14]

Key Takeaways

- Adopt a collaborative approach to treatment, including consultation with service users on aspects of care.
- Consider how the service can facilitate peer support and service user consultation.
- Work collaboratively with service users to overcome any barriers to care.

14 Bradley & Almond (2022). Duty and Care : Armed Forces Family Mobility and Health Care Report

5. Empowerment

The principle of empowerment considers where power is held within organisations and the impact this has on staff and service user relationships. It also promotes a recovery oriented and person-centred approach to support service users who have experienced trauma.

Empowering veterans

Women veterans, within this study, shared many ways they could be empowered by support services. Several shared their desire for more service-user consultation, including being involved in the hiring of staff. Collecting feedback regularly can help services better understand the needs of service users and give them a meaningful voice in their care. Facilitating peer support can also have benefits for empowering veterans in their care and is discussed more in the Collaboration section above.

"We need to really target and not just say 'We want to hear from you'. We have to say, why we want to hear."

Army Veteran, Age 61, served 1980-2011

Women in our study shared their desire for women veteran ambassadors to be embedded within services. These would be women who have engaged successfully with the service before and could candidly share the benefits and challenges of help-seeking to encourage those who may wish to engage. Services could involve ambassadors in decisions about service provision for women. Furthermore, it should be clear to service users that they are able to bring a friend or family member to relevant appointments to help them articulate their needs and preferences.

Examples of good practice in empowering service users exist within broader trauma-informed guidance, including accessible service user letters and a process of agreeing their content, gathering regular feedback, and using recovery-oriented language.

Read here about the potential pitfalls of collecting feedback[15]

Guidance on collecting service user feedback well:

Friends and Family Test[16] Patient Feedback in the NHS Video[17] Guide to Questionnaires[18]

15 Maxwell (2020). Patient Feedback: How effectively is it collected and used? Nursing Times; 116:12, 27-29
16 NHS England & NHS Improvement. Using the Friends and Family Test to improve patient experience
17 Available at: https://youtu.be/qUafYkzjfkw?si=jdunsjbzusYsq91y
18 Evaluation Works. Guide to Questionnaires for Service Evaluation. Available at: https://nhsevaluationtoolkit.net/tutorials-and-training/guide-to-questionnaires-for-service-evaluation/

5. Empowerment

Being mindful of power dynamics in relationships

Many women veterans shared how the impact of military culture and previous negative experiences with support professionals (e.g., poor, or dismissive treatment by chain of command and medical professionals, and assumptions of malingering) made them acutely aware of unbalanced or overly authoritative power dynamics. They emphasised the importance of managing potential power imbalances for building rapport and effective care.

> ***"How also you would deal with authority… I almost saw some of the - especially the consultants, the psychiatrists and some of the senior therapists - there was almost an air of authority to them, which made me feel almost a bit sort of subservient, not equal. And then, 'Oh I better make sure I say the right thing and you know, do the right thing".***
>
> Royal Air Force Veteran, Age 51 , served 1989-1996

Women veterans described often feeling disempowered or having a limited say in their treatment, which aligns well with recommendations for a collaborative approach to treatment within principles of trauma-informed care. The mental healthcare professional should be a source of knowledge as opposed to a source of authority[19].

Empowering Staff

The empowerment of staff is also important including ensuring professionals have the time and tools to foster best practice. This could include regular opportunities to communicate with peers and access to appropriate care professional development opportunities and training, see Appendix 2 for resources.

Key Takeaways

- Consult service users on key decisions and collect regular feedback on service provision.
- Be conscious of how power imbalances during military service may impact on power dynamics in the service user-professional relationship.
- Ensure professionals have time to undertake CPD and network to share best practice.
- Promote the use of peer support and advocacy within services.

19 Homes & Grandison (2021). Trauma Informed Practice: A Toolkit for Scotland. Available at: Trauma-Informed Practice: A Toolkit for Scotland (www.gov.scot)

6. Cultural consideration

A key component of trauma-informed practice is being aware of culture and other stereotypes (e.g., gender, sexual orientation, age, race, ethnicity, disability, and more) and providing care that is responsive to the needs of the individuals and sensitive to their demographics and experiences.

Government guidance suggests exploring ways to utilise traditional cultural connections and peer support in trauma-informed practice. Providers should be aware of the biases or stereotypical beliefs they may hold about the UK Armed Forces and veterans. Our findings evidence that for some women veterans, a lack of understanding of their military background, and their specific experiences as women, could act as a barrier to developing rapport and trust, and providing effective care.

Stigma

There is significant evidence of mental health stigma in the military community[20] surrounding mental health and seeking help, often related to perceptions of mental health illness as weakness. Dismissive attitudes around sexual harassment, sexual assault, and rape, and witnessing or experiencing poor treatment when reporting can impact women's willingness to seek help and talk about sexual trauma in service.

"***It's the stigma bit. It's the well, you know, I'm weak. If I speak to someone, if I, you know. And it makes you vulnerable and vulnerability isn't what soldiers do. And you know, and it isn't what veterans do"***

Army Veteran, Age 45, served 1996-2018

A stereotypical understanding of military-related trauma as solely combat trauma can be a barrier to care. Professionals should be aware of the potential non-combat military-related trauma that women veterans may have experienced, such as job-related stress, bullying, gender-based discrimination, domestic abuse and intimate partner violence, sexual harassment, sexual assault, and rape. Our findings highlight that some women veterans experienced gender-related discrimination, harassment, and violence, including that of a sexual nature, being dismissed as "banter" and minimised by chain of command and medical professionals during service. It is crucial to recognise the negative impact this may have on women's mental health and help seeking, as well as the importance of validating women's experiences.

20 Williamson V, Greenberg N, Stevelink SAM. Perceived stigma and barriers to care in UK armed forces personnel and veterans with and without probable mental disorders. BMC Psychol 2019;7:75.

6. Cultural Consideration

"Women veterans don't always get listened to in the same way you know, they don't. We're not perceived to have been doing any… I mean, the first question you get asked quite a lot of the time is where did you do active service? And it's like, actually I didn't because that wasn't happening at that time. But that doesn't mean that my experience was not as distressing as you know someone in in active service. I was systematically abused by many when I was serving"

Army Veteran, Age 59, served 1979-1985

Some women veterans in the project discussed multi-layered trauma from service, which could include combat and non-combat military trauma, as well as adverse childhood experiences.

The Trauma-Informed practice toolkit published by NHS Scotland provides several resources to support professionals in asking about trauma.

Interplay of military culture and gender

Women veterans experience of military culture can vary significantly from the experience of their male peers and depending on the intersections of their identities (ethnicity, nationality, age, sexuality etc). It is important to be aware of the potential gender-based discrimination, harassment, or violence women veterans may have experienced during service, and the interplay of their gender with other aspects of military culture such a stigma. Our findings highlighted how mental health stigma may be compounded by gendered narratives of female weakness with women sharing how they felt had to be 'twice as good to be seen as half as good'.

"I think, but there is still so much stigma around the military and mental health. And yeah, and so if big boys don't cry, if girls cry, then that can't happen. Because I I've got… Yeah, you almost have to be doubly stronger than the men to be equal to them, if that makes sense"

Army Veteran, Age 45, served 1996-2018

Military and veteran identity

For many veterans, including both men and women, being a member of the UK Armed Forces was and is a core part of their identity. Transition can involve challenges in establishing a new identity in relation to civilian culture and their new roles.

6. Cultural Considerations

A stereotypical understanding of veterans as men, often older, and having served during certain conflict eras (i.e., WW2), is evident from the wider public, meaning that women veterans not may be recognised as veterans by medical professionals. Our findings highlighted that women were less likely to identify with the term 'veteran', sometimes identifying more with terms such as 'ex-service' or 'ex-military'. Services must be aware of the potential to under-identify women veterans, and the impact this can have on their care if not referred to relevant veteran-specific support or aspects of military life that may have impacted their mental or physical health are not considered. Mental health pathways for veterans are outlined in Appendix 1.

> ***"And so… but when you think, every time I seem to have heard told people I'm a veteran, you sometimes get that glance [makes a confused face], 'What?'. Because I'm female."***
>
> Army Veteran, Age 45, served 1996-2018

Prior negative experiences in Service

It is important to recognise the potential impact that prior negative experiences in service can have on women veterans' mental health needs and engagement with treatment, such as poor treatment by the chain of command and medical care professionals, and challenging experiences during the discharge process. This is discussed more in the Safety, Trustworthiness, and Empowerment sections above.

Key Takeaways

- Consult service users on key decisions and collect regular feedback on their experiences of service
- A good understanding of the military culture can aid care, trust, and rapport. Consider undertaking training to learn more about the UK Armed Forces and women's role.
- Consider the potential of non-combat but military-related trauma and multi-layered trauma during screening.
- Be aware of the impact that previous negative experience, and gendered narratives surrounding stigma developed during military service can have on service user-professional relationship.
- Be aware of the potential for professionals and the public to under-identify women veterans, and their tendency not to identify themselves as veterans.

Appendix I. Mental Health Pathways

NHS Mental Health Pathways for Veterans

England: OP Courage is the NHS veteran specialist mental health service. GPs and charities can refer, and veterans can self-refer. Visit the OP Courage website for contact details by area.
Scotland: Veterans First Point is the NHS Scotland veteran-led mental health service for veterans. Veterans can self-refer. Visit the Veterans First Point for contact details by area.
Wales: Veterans NHS Wales provides mental healthcare for veterans. GPs and charities can refer, and veterans can self-refer. Visit the Veterans NHS Wales Website and use the online referral form.
Northern Ireland: Support can be sought from the Northern Ireland Veterans' Support Office. Veterans can get in touch directly at ni-vsocomms@rfca.mod.uk.

Veterans and Reserves Mental Health Programme

The Veterans and Reserves Mental Health Programme is a Ministry of Defence (MOD) specialist service that provides mental health assessments and treatment advice for veterans and reservists.
This service requires GP referral. To refer call 0800 0326258 or email: dphce-dcmhcol-vrmhp@mod.uk

Charity and Third Sector Pathways

There are numerous charity and third sector services across the UK that you can refer to or direct veterans to for mental health support. Below are some of the services providing support:

Salute Her: Offers veteran-specific women only mental health support. Professionals can refer or veterans can self-refer via the relevant forms (self & professional), call 0191 250 4877 or email hello@saluteheruk.co.uk.

Combat stress: Offers veteran-specific mental health support. Veterans can self-refer via the 24 hr helpline on 0800 138 1619, text 07537 173683 or email helpline@combatstress.org.uk.

Help for Heroes: Offers veteran-specific mental health support. Anyone can refer a veteran for support using the online referral form, call 0300 303 9888, or email getsupport@helpforheroes.org.uk.

Walking with the Wounded: Offers veteran-specific mental health support. Professionals can refer via calling 01263 863906 or email headstart@wwtw.org.uk. This service requires professional referral and veterans cannot self-refer.

Appendix 2. Learning Resources

Armed Forces and veteran women Training and resources

Women veteran focused resources

We Also Served – Executive Summary Godier-McBard et al., 2021.
'I don't feel like that's for me.' Overcoming barriers to mental healthcare for women veterans Wood et al., 2023.
'Where are all the women?' Recognition and representation – UK female veterans' experiences of support in civilian life. Hooks et al., 2023.

General military and veteran focused resources

Military Human Course Nick Wood, York St John University
Military Veterans Module. Royal College of General Practitioners (RCGP)

Trauma informed care - Training and resources

Training

1. **Transforming Psychological Trauma National Trauma Training Programme Online Resources.** NHS Scotland.
2. **All Our Health: Vulnerabilities and trauma-informed practice.** e-learning for healthcare. NHS Health Education England
3. **Trauma-informed practice to support people who have experienced psychological trauma**. BPS

Resources

General

1. **Trauma-informed practice: toolkit**. NHS Scotland
2. **Key Ingredients for Successful Trauma-Informed Care Implementation.** Centre for Health Care Strategies
3. **Basis of Trauma-informed care:** Trauma Informed Care Implementation Resource Centre
4. Join the **Trauma Informed Community of Action (TiCA)**. Email: **anne.richardson@ahsn-nenc.org.uk**

Talking about Trauma

1. **From Treatment to Healing: Inquiry and Response to Recent and Past Trauma in Adult Health Care** Machtinger et al. 2018.
2. **Recovery Orientated Language Guide** Mental Health Coordinating Council
3. **Evidence-Based Guidelines for Conducting Trauma-Informed Talking Therapy Assessments** Dr Angela Sweeney

Physical Environment

1. **Buildings Speak to Us: The need for Trauma informed environments** Trauma Informed Community of Action (TiCA)
2. **Creating Safe Health Care Environments for Patients and Staff** Centre for Health Care Strategies

Collaboration & Empowerment

1. **Engaging Patients and Community Members in Trauma-Informed Care Implementation Planning**. Trauma Informed Care Implementation Resource Centre
2. **Patient Feedback in the NHS Video**.
3. **Using the Friends and Family Test to improve patient experience** NHS England & Improvement

Appendix 3. Co-design of this guidance

This resource has been developed as part of a National Institute for Health and Care Research (NIHR) co-design project[21] to support mental healthcare professionals in providing trauma-informed care to women veterans. For a comprehensive understanding of women veterans' experiences of mental health services and barriers to mental healthcare, you can read our summary report here. We also provide resources for understanding the experiences of women in the military in Appendix 2.

Why have we developed this resource?

This resource was developed following recognition that, due to their minority status, women's needs have not historically been considered in the development of support services for veterans. As a result, evidence in the UK suggests that women underutilise veteran support services and experience several barriers to accessing these services. One of the key findings of this research is the need to provide a trauma-informed model of mental healthcare, tailored to the needs of women veterans.

How did we develop this resource?

This resource has been developed following an experience-based co-design project undertaken by the Centre for Military Women's Research at Anglia Ruskin University, Essex Partnership University NHS Foundation Trust, and Salute Her. The aim of the project was to co-design guidance for mental healthcare professionals to meet the mental health support needs of women veterans. The project involved interviews and focus groups with 48 women veterans with mental healthcare needs and 12 mental healthcare professionals.

The project's women veteran co-design group also took part in workshops dedicated to the development of this guidance and other recommendations, based on the project's findings. Co-design is a method that is used in research and service design in which decision-making is shared equally throughout the process[22]. There are many reasons why it is important and beneficial to incorporate co-design. Informing our decision to embed co-design throughout us was a desire to include the different perspectives and experiences of women veterans, design the 'right' project to ensure the aims and questions asked were meaningful, clear and sensitive, and empower women veterans' voices in the project outputs including project recommendations. You can read more detail about this process here.

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22 Mind, Co-design – Deciding together Available at: https://www.mind.org.uk/workplace/influence-and-participation-toolkit/how/methods/co-design/